

Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Baptist Health Plan

40586

1/1/2017

State:

KY

Market:

Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Individual HMO										Individual PPO
Product ID:		40586KY582										40586KY583
Metal:		Gold	Silver	Silver	Silver	Bronze	Bronze	Catastrophic	Silver	Bronze	Bronze	Bronze
AV Metal Value		0.809	0.716	0.693	0.704	0.620	0.603	0.610	0.699	0.619	0.614	0.614
AV Pricing Value		0.916	0.806	0.841	0.777	0.699	0.691	0.679	0.780	0.664	0.674	0.749
Plan Category		Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	Renewing HMO	New HMO	New HMO	New HMO	Renewing PPO
Plan Type:												
Plan Name												
Plan ID (Standard Component ID):		40586KY5820001	40586KY5820002	40586KY5820003	40586KY5820004	40586KY5820005	40586KY5820006	40586KY5820007	40586KY5820014	40586KY5820015	40586KY5820016	40586KY5830003
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2		0.00%										0.00%
Historical Rate Increase - Calendar Year - 1		0.00%										0.00%
Historical Rate Increase - Calendar Year 0		0.00%										0.00%
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		25.62%	28.30%	28.90%	29.46%	21.26%	26.69%	24.08%	29.92%	31.95%	31.32%	45.85%
Cum'tive Rate Change % (over 12 mos prior)		25.62%	28.30%	28.90%	29.46%	21.26%	26.69%	24.08%	29.92%	31.95%	31.32%	45.85%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Rate Increase %		27.90%										45.84%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	40586KY5820001	40586KY5820002	40586KY5820003	40586KY5820004	40586KY5820005	40586KY5820006	40586KY5820007	40586KY5820014	40586KY5820015	40586KY5820016	40586KY5830003
Inpatient	#DIV/0!	\$14.84	\$18.55	\$15.50	\$15.83	\$22.77	\$8.21	\$7.56	\$0.00	\$0.00	\$0.00	\$15.91
Outpatient	#DIV/0!	\$20.68	\$25.63	\$13.91	\$22.52	\$0.85	\$9.44	\$8.42	\$0.00	\$0.00	\$0.00	\$21.70
Professional	#DIV/0!	\$28.68	\$22.99	\$21.73	\$24.05	\$9.03	\$14.29	\$10.59	\$0.00	\$0.00	\$0.00	\$23.84
Prescription Drug	#DIV/0!	\$22.01	\$7.43	\$30.92	\$9.84	\$13.77	\$22.51	\$21.70	\$0.00	\$0.00	\$0.00	\$31.95
Other	#DIV/0!	-\$9.15	-\$7.44	-\$8.48	-\$7.21	-\$7.85	-\$6.99	-\$7.06	\$0.00	\$0.00	\$0.00	-\$6.01
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	-\$3.26	\$4.23	\$2.42	\$6.35	\$8.07	\$10.40	\$10.25	\$0.00	\$0.00	\$0.00	\$12.78
Taxes & Fees	#DIV/0!	-\$9.53	-\$8.22	-\$8.56	-\$7.86	-\$7.44	-\$7.09	-\$7.09	\$0.00	\$0.00	\$0.00	-\$6.90
Risk & Profit Charge	#DIV/0!	\$1.44	\$1.42	\$1.51	\$1.43	\$0.93	\$1.17	\$1.04	\$0.00	\$0.00	\$0.00	\$2.04
Total Rate Increase	#DIV/0!	\$65.72	\$64.60	\$68.95	\$64.96	\$40.13	\$51.95	\$45.40	\$0.00	\$0.00	\$0.00	\$95.32
Member Cost Share Increase	#DIV/0!	\$5.11	\$7.59	\$2.51	\$8.28	\$13.38	\$13.43	\$16.14	\$0.00	\$0.00	\$0.00	\$48.14

Average Current Rate PMPM	\$302.54	\$366.58	\$315.98	\$328.23	\$301.69	\$290.06	\$274.30	\$275.37	\$301.84	\$253.10	\$258.21	\$258.21
Projected Member Months	131,888	19,983	16,876	2,484	42,466	2,929	1,413	48	15,704	22,715	7,258	12

Section III: Experience Period Information

[illegible]

Premium Info	EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0										
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!										
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	40586KY5820001	40586KY5820002	40586KY5820003	40586KY5820004	40586KY5820005	40586KY5820006	40586KY5820007	40586KY5820014	40586KY5820015	40586KY5820016	40586KY5830003
	Plan Adjusted Index Rate	\$366.06	\$432.30	\$380.58	\$397.18	\$366.65	\$330.19	\$326.25	\$320.77	\$368.15	\$313.53	\$318.31	\$353.54
	Member Months	131,888	19,983	16,876	2,484	42,466	2,929	1,413	48	15,704	22,715	7,258	12
	Total Premium (TP)	\$48,279,535	\$8,638,613	\$6,422,638	\$986,603	\$15,570,357	\$967,140	\$460,986	\$15,397	\$5,781,422	\$7,121,808	\$2,310,328	\$4,242
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$57,184,565	\$9,145,559	\$7,314,690	\$1,116,011	\$18,160,883	\$1,197,827	\$598,974	\$20,239	\$6,957,437	\$9,572,106	\$3,095,721	\$5,118
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	\$14,037,047	\$1,250,781	\$1,542,485	\$224,095	\$4,242,322	\$347,338	\$194,406	\$6,766	\$1,786,253	\$3,364,605	\$1,076,651	\$1,347
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$1,751,210	\$0	\$381,816	\$58,254	\$947,971	\$0	\$0	\$0	\$363,168	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	12.48%	0.00%	24.75%	26.00%	22.35%	0.00%	0.00%	0.00%	20.33%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$43,147,517	\$7,894,777	\$5,772,205	\$891,916	\$13,918,561	\$850,489	\$404,569	\$13,474	\$5,171,184	\$6,207,501	\$2,019,070	\$3,772
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$2,610,578	-\$466,638	-\$347,199	-\$53,320	-\$841,914	-\$52,333	-\$24,946	-\$833	-\$312,602	-\$385,515	-\$125,047	-\$229
	Incurred Claims PMPM	\$327.15	\$395.07	\$342.04	\$359.06	\$327.76	\$290.37	\$286.32	\$280.70	\$329.29	\$273.28	\$278.19	\$314.30
	Allowed Claims PMPM	\$433.58	\$457.67	\$433.44	\$449.28	\$427.66	\$408.95	\$423.90	\$421.65	\$443.04	\$421.40	\$426.53	\$426.53
	EHB portion of Allowed Claims, PMPM	\$433.58	\$457.67	\$433.44	\$449.28	\$427.66	\$408.95	\$423.90	\$421.65	\$443.04	\$421.40	\$426.53	\$426.53